DETERMINATION OF PEO STATUS

(Professional Employer Organization)

State Form 52098 (R/12-06)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

10 N. Senate Avenue

Indianapolis, IN 46204-2277

Local: 317-232-7436 Toll Free: 1-800-8916499 Fax 317-233-2706

For PEO Status approval complete this form with signature and return to IDWD with a copy of your PEO/Client contract template.

PLEASE TYPE OR PRINT IN INK

Federal ID Number: __ __ - __ __ __ __ __ __ __   Account Number _____

Legal Name of Employing Unit _____

Trade Name (or d/b/a/) _____

Mailing Address _____   Physical Address _____

City_____ State_____   City_____ State_____

ZIP Code __ __ __ __ __ - __ __ __ __   ZIP Code __ __ __ __ __ - __ __ __ __

Business Telephone Number	Business Fax Number	Remarks
( ) -	( ) -	

Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed.

Name *(please print)*	Title	Social Security Number	Telephone Number
		- -	( ) -
		- -	( ) -

1. Does your entity provide the non temporary, ongoing employee workforce of a client/clients under written agreement?	☐ Yes ☐ No		***REFERENCE PAGE/SECTION IN CONTRACT TEMPLATE***
2. Does your entity pay the employees from its own bank account?	☐ Yes ☐ No		
3. Does your entity have the right to hire and terminate the employees who perform services for the client?	☐ Yes ☐ No	Page ___ Section ___	
4. Does your entity set the rate of pay for these employees, whether or not through negotiations with the client/clients?	☐ Yes ☐ No	Page ___ Section ___	
5. Does your entity have direction and control over the employees, including corporate officers?	☐ Yes ☐ No	Page ___ Section ___	
6. Under written agreement with a client/clients do you assume responsibility for the unemployment insurance coverage, file all required reports, contributions or reimbursements for liabilities and comply with IC §22-4, or other state and federal regulations relating to unemployment insureance on behalf of a client?	☐ Yes ☐ No	Page ___ Section ___	

7. Does your entity specialize in any particular business or industry?   ☐ Yes ☐ No

If Yes indicate type of business or industry: _____

8 a. Does your entity have any common ownership interests with any of your client companies?   ☐ Yes ☐ No

b. Does your entity have any common officers with any of your client companies?   ☐ Yes ☐ No

c. Is your entity and/or any of the client companies operated in whole or in part by family members of either the entity or client companies?   ☐ Yes ☐ No

If your answer is Yes to any of the three questions (a, b, or c), attach an additional sheet listing client companies.

9. Identification number under which you file Employers Quarterly Federal Tax Return (Form 941)   ___ -- _____

10. Attach a list of client companies providing other services to your entity. You must include the name of the company and the type of service performed *(for example: accounting, bookkeeping, payroll, management, financial, legal or consulting services provided by the client to your entity.)*

11. Enter any DWD account number previously assigned to you. _____

12. Does your entity have a website? If so, please state address: _____

13. Is your entity advertised or listed in the telephone directory or other type of business directories and available to the public in general?   ☐ Yes ☐ No   Attach a sample

14. Do you provide only payroll services and/or benefit administrations for client entities and provide no other service?

If no explain: _____   ☐ Yes ☐ No

15. Common Paymaster is an arrangement (as further defined in IC § 22-4-6-3) under which an employee works for two or more related companies and the payroll for the employee is reported by one of the companies. Does your entity provide payroll services strictly for the purpose of acting as a common paymaster for federal tax reporting purposes?   ☐ Yes ☐ No

If no explain:_____

I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.

_____   _____

Employer's Signature   Prepared By

Date _____ Telephone Number ( ) ____ - _____   Date_____ Telephone Number ( ) ____ - _____